

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101576,063

FILING DATE

4-17-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		3				
5		1				
6	1					
7		1				
8		1				
9		1				
10		3				
11		1				
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
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48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	12	←	12	←		
TOTAL CLAIMS	14		14			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						